

RECEIVED
CENTRAL FAX CENTER

SEP 20 2004

PATENT

Fee Only

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of) Examiner: Mark S. BLOUIN
)
 Gustafson et al.) Art Unit: 2653
)
 For: **SHOCK ISOLATION BEARINGS AND**) Confirmation No.: 4487
TRAVEL LIMIT GAPS IN A SPINDLE)
MOTOR AND DISK DRIVE USING THE)
SAME)
)
 Serial No.: 09/846,054)
)
 Filed: April 30, 2001) **AMENDMENT**
)
 Atty. Docket No.: K35A0459)

CERTIFICATE OF TRANSMISSION

I hereby certify that this document and the documents referred to herein are being transmitted by facsimile to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, fax number 703-872-9306 on September 20, 2004.

Nita J. Miller
Nita J. Miller

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

The present paper is responsive to the Office Action mailed May 27, 2004. Applicants respectfully request an extension of time for one month from August 27, 2004, to September 27, 2004. The Commissioner is hereby authorized to charge the fee due under 37 CFR §1.17(a)(1) (fee code 1251) in the amount of \$110 to Deposit Account No. 23-1209, referencing Docket No. K35A0459. A duplicate copy of this sheet is attached.

Amendments to the claims may be found beginning at page 2 of this paper.

Remarks and arguments may be found beginning at page 17 of this paper.

Page 1 of 19

Serial No. 09/846,054
Atty. Docket No. K35A0459

11/29/PAGE 221:RCVD AT 9/20/2004 6:36:46 PM [Eastern Daylight Time]* SVR:USPTO-EFXRF-14* DNIS:8729306* CSID:6508517232* DURATION (mm:ss):05:46

01 FC:1251

110.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective ~~October~~ 1, 2003

Application or Docket Number

09/846054

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20 =	*
INDEPENDENT CLAIMS		minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9 =		OR X\$18 =	
X43 =		OR X\$6 =	
+140 =		OR +280 =	
TOTAL		OR TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

~~01/20/04~~ CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 65	Minus	** 61
Independent	* 3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY OR OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9 =		OR X\$18 =	
X43 =		OR X\$6 =	
+140 =		OR +280 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 65	Minus	** 61
Independent	* 3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9 =		OR X\$18 =	
X43 =		OR X\$6 =	
+140 =		OR +280 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 65	Minus	** 61
Independent	* 3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9 =		OR X\$18 =	
X43 =		OR X\$6 =	
+140 =		OR +280 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.